City of Berea Alcoholic Beverage Control



Application Packet

Revised October 2019

TREAL ASIA

ALCOHOLIC BEVERAGE CONTROL BASIC APPLICATION FORM

City of Berea, Kentucky 212 Chestnut Street Berea, Kentucky 40403

Phone: (859) 986-8528 Fax: (859) 986-7657

Website: www.bereaky.gov

David Gregory, ABC Administrator dgregory@bereaky.gov

SECTION A:

Name of Applicant:	
D/D/A	
Premises Address:	
Mailing Address:	
Premises Phone No.:()	Contact Phone No.:()
Fax No.:()	Email address:
Fee Enclosed \$	

SECTION B:

Check the license type(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.

LICENSE TYPES - RETAIL	Full Year	Half Year
Limited Restaurant License LR50 (KRS 243.034, KRS, KRS 242.1244, 241.010(31)(b) LR50 – Minimum 70% food sales and minimum seating capacity of 0 persons at tables	\$1,200	\$600
Limited Golf Course License (KRS 243.038, KRS 243.039) 9- lole or 18-hole USGA regulation golf course	\$1,200	\$600
Qualified Historic Site License (KRS 241.010, KRS 243.042	\$1,030	\$515
Caterer's License (KRS 241.010, KRS 243.033)	\$800	\$400
SUPPLEMENTAL LICENSES		
Special Sunday Retail Drink License Available if authorized by local ordinance or election. (KRS 244.290, KRS 243.050)	\$300	\$150
Extended Hours Supplemental License Available only to holders of Qualified Historic Site licenses. (KRS 244.290, 804 KAR 4:230)	\$2,000	\$1,000
Supplemental Bar License Fees are required for the first five. (KRS 243.037, KRS 241.010) □ Limited Restaurant □ Limited Golf Course For how many Supplemental Licenses is the applicant applying?	\$1,200 \$1,200	\$600 \$600

SECTION C:

Affidavit	
I,	do hereby solemnly swear or affirm that
	incorporated, made a part of this application, and must
be included with this application, and the	hat the answers contained are true and correct to the best of
my knowledge, information and belief. I	confirm that I have received a copy of the current Alcoholic
Beverage Control Ordinance of the City of	of Berea, Kentucky, and I hereby consent to the authority of
<u> </u>	strator and his/hers investigators for: (a) inspections and
*	above: (b) confiscation of articles found on said licensed
1	or Statute; and (c) emergency temporary closure of the
<u>.</u>	ety, morals and welfare is threatened by multiple violations
of any Ordinance or Statute involving dist one day's operation of the licensed premis	surbance of the peace or public disorder during the course of ses.
Signature of Applicant:	Date of Application:
Title:	
Approved:	
Alcoholic Beverage Contro	ol Administrator Date

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VERIFICATION OF FOOD SERVICE COMPLIANCE

Related to

City of Berea, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant	•				
D/B/A:					
Business Address:					
Mailing Address:					
Phone No.: ()					
Email address:					
List all types of lice	enses you are appl	lying for:			
214 Boggs	Lane, Richmond,	nust be completed Kentucky, Phone:	859-623-7312	•	
application	Tot all Alcoholic I	Beverage License.			
Address of premise	es to be licensed: _				
_					
	approvals, in order				l service permits, or e Code. Please note
*Establishment wil and State Retail Fo	•		•		e Establishment Act
Signed this	day of			_, 20	
Madison County H	ealth Department	Representative			

VERIFICATION OF FIRE CODE COMPLIANCE

Related to

City of Berea, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant:				
D/B/A:				
Business Address:				
Mailing Address:				
Phone No.: ()	C	Cell Phone No.: ()	
Email address:				
List all types of licenses	you are applying for:			
212 Chestnut Str	f this form must be compareet, Berea, KY, Phone: 8. verage License.	59-986-2898, before	submitting your applic	
Address of premises to	be licensed:			
Codes in order to com	ne premises listed above a ply with the Alcoholic I the following conditions, is	Beverage Control O		
Seating Requirement if	applicable			
Signed thisda	y of		, 20	
City of Barea Fire Chief				

VERIFICATION OF BUILDING CODE COMPLIANCE

Related to

City of Berea, Kentucky APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant:	
D/B/A:	
Business Address:	
Mailing Address:	
Phone No.: () Cell Phone No.: ()	
Email address:	
List all types of licenses you are applying for:	
The remainder of this form must be completed by the City Building Inspector, 212 Chestnut Street, Berea, KY, Phone: 859-986-8528, before submitting your application for an Alcohol Beverage License.	
Address of premises to be licensed:	
This is to certify that the premises listed above meets all applicable Building Codes in order comply with the Alcoholic Beverage Control Ordinance of the City of Berea, Kentucky. Please not the following conditions, if any:	
Signed this, 20	
City Building Inspector	